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BY MAIL

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

DERWIN OWIE

5734 PARKLANE

ST. LOUIS, MISSOURI 63147

(Enter above the full name of the Plaintiff[s]  
in this action.)

- VS -

ST, LOUIS COUNTY HEALTH DEPARTMENT A

SUBSITARY OF ST. LOUIS COUNTY, MISSOURI

A POLITICAL SUBDIVISION OF THE STATE OF  
MISSOURI AND ONE UNKNOWN FEMALE EMPLOYEE OF

IN HER OFFICIAL AND INDIVIDUAL CAPS

(Enter above the full name of **ALL** Defend-  
ant[s] in this action. Fed. R. Civ. P. 10(a)  
requires that the caption of the complaint  
include the names of **all** the parties. Merely  
listing one party and "et al." is insufficient.  
Please attach additional sheets if necessary.

Case No. \_\_\_\_\_  
(To be assigned by Clerk  
of District Court)

**COMPLAINT**

- I. State the grounds for filing this case is Federal Court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

28 USC 1331  
28 USC 1343  
28 USC 2201-2202  
PENDANT JURISDICTION  
42 USC 1983  
1974 PRIVACY ACT

II. Plaintiff, DERWIN BOWIE resides at

5734 PARKLANE, ST. LOUIS, \_\_\_\_\_  
street address city county

MISSOURI, 63147, 314-381-1291  
state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, STLOUIS COUNTY HEALTH DEP lives at, or its business is located at

\_\_\_\_\_, ST. LOUIS, ST. LOUIS  
street address city county

MISSOURI, 63136  
state zip code

(if more than one defendant, provide the same information for each defendant below)

UNKNOWN NAMES FEMALE EMPLOYEE OF THE ST. LOUIS COUNTY HEATH DEPARTMENT

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

THAT ON OR ABOUT NOVEMBER 2014  
PLAINTIFF WAS NOTIFIED FROM THE ST. LOUIS COUNTY HEALTH DEPARTMENT THAT A UNKNOWN  
NAMED FEMALE EMPLOYEE TRANSFERED PLAINTIFF MEDICAL RECORDS TO HER PRIVATE EMAIL  
AND WAS TERMINATED FROM HER EMPLOYMENT FOR DOING SO. THAT THE EMPLOYEE ADMIT SHE  
INTENTIONALLY TRANSFERED PLAINTIFF MEDICAL RECORDS WITH PLAINTIFF WRITTEN  
AUTHORIZATION. THAT SHE INTENTIONALLY BREACHED THE STATUTORORILY REQUIRED DUTY OF  
CONFIDENTIALITY.

V. Relief: State briefly and exactly what you want the Court to do for you.

PLAINTIFF SEEKS A DECLARATORY JUDGEMENT DECLARING THAT THE DEFENDANT ACTS VIOLATED HIS PRIVACY AND THAT SAME WAS INTENTIONAL AND WILFUL.

THAT THE DFENDANT BREACHED THE PLAINTIFF'S PRIVACY

THAT THE DEFENDANT BREACHED A STATUTORILY REQUIRED DUTY OF CONFIDENTIALITY

THAT THE DFENDANTS WAS NELIGENT IS THE SUPERVISION OF THAT EMPLOYEE WHO WILFULLY AND INTENTIONALLY TRASNFERED AND OR DOWNLOADED MEDICAL RECORDS OF THE PLAINTIFF TO HER PERSONAL EMAIL ACCOUNT WITHOUT WRITTEN AUTHORIZATION AND OR CONTRARY TO THE LAW.

JURY TRIAL DEMAND

ALTERNATIVE THAT THE CASE BE TRANSFERED TO STATE COURTS IN THE EVENT FEDERAL JURISDICTION CANNOT BE HAD ON SUBJECT-MATTER

VI. **MONEY DAMAGES:**

- A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒

NO ☐

- B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

\$10,000.00 VIOLATION OF PRIVACY-BREACH OF A STATUTORT REQUIRED DUTY;  
VIOLATION OF THE 1974 PRIVACY ACT AND BREACH OF A FIDUCIARY DUTY

- VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☐ *unknown* NO ☐

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7<sup>TH</sup> day of MARCH, 20 15



\_\_\_\_\_  
Signature of Plaintiff(s)